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CASE OF HYDROPHOBIA.

BY J. P. MAYNARD, M.D., DEDHAM.

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Mr. G. S., 56 years of age, subject for the last fifteen years to occasional attacks of asthma, but otherwise healthy, on returning to his home on the evening of August 8th, 1857, complained to his wife of feeling unwell, with absence of pain but a sense of fatigue and weakness, and remarked that although he could breathe better than usual, yet whenever he felt the wind blowing in his face it distressed him unaccountably. His wife, thinking it might be only the commencement of one of his asthmatic attacks, proposed his taking a bowl of gruel; but on attempting to drink it, he found difficulty in swallowing, accompanied with great distress in breathing, which he thought was relieved by the repeated inhalation of chloroform, this having been of service to him when troubled with asthma. He therefore resorted to it at intervals throughout the night.

I saw him the next morning (August 9th), and the second day of his illness, and gathered the above account from his family. I found him sitting on a couch, his countenance anxious, mind somewhat desponding, with partial delirium, singularly intermixed with sane conversation. Pulse 86; tongue clean and natural. He expressed a sense of great suffering, but could not locate his pain. Said he thought he had hydrophobia, as he was bitten by a dog a few weeks ago. On referring to the family for a corroboration of any such circumstance, they expressed their ignorance of his statement, and the remark was attributed to his partial delirium, though he persisted in reiterating the assertion.

On testing his ability to swallow, beef-tea was offered him, and though he evidently made great effort to drink, it was with much difficulty, and swallowing was imperfectly accomplished. By waiting for a favorable moment, just at the termination of an inspiration, I could succeed in tossing into his open mouth part of a teaspoonful at a time, which with great exertion he would gulp down by a spasmodic effort. This was repeated frequently, and always with similar results.

The next day, August 10th, the symptoms became more marked, and it was plainly apparent, by the acts and appearance of the patient, that he was an ill-fated victim to that dire disease—canine rabies. The efforts to relieve the throat and fauces from the saliva by hawking, were frequent and labored. Occasionally the saliva would drule from his mouth, as in a teething baby. His desire for drink was great, but all attempts to swallow were invariably accompanied by sudden dyspnœa, or, more strictly speaking, a peculiar catching of the breath—a spasmodic action chiefly confined to the diaphragm and muscles of the thorax and larynx. On placing a basin of water near him to wash his hands, he was on the point of plunging them in, when, as they approached the liquid, his whole frame suddenly grew tremulous, and the usual catching of the breath returned. This was the only instance in which I had observed the spasm to affect the general system.

The dysphagia was not confined to liquids, but extended almost equally to solids, such as small pieces of bread. A sudden puff of air across the face would occasionally produce similar spasms.

A careful examination revealed no inflammatory condition of the œsophagus or larynx, and there was no tenderness on pressure in the tracheal region. Pulse 88. Tongue covered with a very slight whitish coat.

The great loquacity of the patient was very striking; indeed he indulged, for the greater portion of the time, in one incessant stream of conversation; and, what is most remarkable, frequently intermingling a perfectly sane remark with the wildest jargon.

In the treatment of the case, the main reliance was on the free administration of ether and chloroform, which had, however, merely the effect of slightly palliating the severity of the spasms. Without their aid, the appearance and demeanor of the patient was pitiable in the extreme. The most distressing tones and exclamations would escape his lips during his paroxysms, convincing evidence of the truth of his oft-repeated assertion "that ten deaths were preferable to one such spasm."

The much-vaunted remedy of datura stramonium was resorted to, but without avail, drachm doses being given once in four hours, without any perceptible effect on the disease. The patient having passed some forty-eight hours without any sleep, I gave him two thirds of a grain of sulphate of morphia, and directed about half-grain doses to be given every hour until he became drowsy. At the expiration of four hours, as not the slightest somnolence was induced, its further administration was suspended, and subsequently sole reliance was placed on the inhalation of chloroform. The pulse had now become gradually more rapid and somewhat irregular, the tongue still but slightly coated.

On the fourth day of the disease (August 11th) the patient was seen, in consultation with myself, by Dr. Jacob Bigelow, who, after a thorough examination of two hours, coincided in the opinion that it was a case of genuine hydrophobia, though some of the symptoms were not as strongly developed as in one other case he had previously witnessed.

The patient continued to be convulsed at intervals until about 1 o'clock, P.M., when, worn out and exhausted, he sank into a quiet sleep, until death terminated his sufferings at 5½, P.M., and on the fourth day of the disease. No *post-mortem* examination could be obtained.

The previous history of the case, collected from a trustworthy and reliable source, is briefly this. On Friday (the 6th), he complained to a friend of feeling very weak. On Saturday morning (the 7th), he was unable to continue his usual work, and stopping at a boarding house, laid down on a sofa, saying he felt so tired and faint he could hardly walk. At noon a cup of tea was offered him by the landlady, which it was observed he could not swallow. In the afternoon he was seen at a water-pail, endeavoring to drink, when he was seized with trembling of the whole body.

After his decease, a memorandum-book was found in his pocket, containing the following entry, "July 2d, bitten by a dog." The scar of a wound was quite perceptible, but presented nothing unusual in its appearance. There was no complaint of pain at that spot, nor could I learn that it had been the seat of any morbid sensation. This last-mentioned fact is not in accordance with the experience of the majority of observers, though the absence of pain or any abnormal appearance in the original wound has been noticed by a few authors.

It may not be amiss to recur to a few prominent points, strenuously insisted upon by those of acknowledged authority, as elements for a differential diagnosis between the genuine and simulated disease.

According to Elliotson, patients afflicted with the genuine disease usually make the greatest possible efforts to overcome the difficulty of swallowing; and although they may many times put the cup from their lips, their courage failing after they have promised to attempt to swallow, they will frequently at last, by great effort, open the mouth, throw the head back, and gulp down considerable draughts of fluid in violent haste, even in the midst of their greatest difficulty in swallowing. Except that the amount swallowed was very limited, the above description was in its graphic details remarkably applicable to this case, as well as those other pathognomonic signs, morbid impressibility of the surface of the skin to a current of air, and a peculiar "catching of the breath," undeveloped by any other disease.

As a remarkable peculiarity of the delirium of hydrophobia, it is stated by Lawrence that it may be suddenly arrested, in its height, by the patient being quickly spoken to, when sane conversation will ensue. All of these symptoms were strongly marked in the case of my patient.

Owing to the extreme rarity of hydrophobia in this vicinity, I have reported the above abstract from my notes, embodying all the important features of the case, as well as its treatment, trusting it will not prove unacceptable to those of the profession who may never have witnessed the disease.

DR. EDWARD BROWN-SEQUARD'S EXPERIMENTAL AND CLINICAL RESEARCHES APPLIED TO PHYSIOLOGY AND PATHOLOGY.

[Continued from page 155.]

NOT only is it wrong to say that convulsions in epilepsy are due only to laryngismus, but it would be wrong also to say that they are due only to asphyxia, whatever be its cause. The tonic convulsions, which, according to Dr. Copeland (*Dict. of Med.*, vol. i., p. 786), and to Herpin (*Loco cit.*, p. 451,) always exist in the beginning of fits of epilepsy, are not to be attributed to asphyxia, neither are the convulsive rotary movements which sometimes exist, and which result principally from the irritation of some parts of the isthmus of the encephalon. The tonic convulsions may occur in almost all the muscles of the body at once, simulating tetanus, or they come first in the larynx, the neck, the eyes, or the face, and thence extend to the upper limbs, and at last to the trunk and inferior limbs. These convulsions are mere reflex spasms, as are the contractions of the bloodvessels. Their duration is only of some seconds, according to Copeland (*Loco cit.*, p. 786), or a quarter of a minute, according to Herpin; but they may appear again during the seizure, as Hasse (p. 252) and Herpin (p. 430) justly observe, and as I have twice seen. This kind of convulsion, and also the rotary convulsions, cannot be the result of laryngismus, because asphyxia does not seem able to produce them. Asphyxia causes only clonic convulsions, and it seems that we must attribute to it the universal clonic convulsions of a complete fit of epilepsy. We have perused the history of many hundred cases of epilepsy, and we have witnessed eight violent fits in as many epileptics; and in all these cases, universal clonic convulsions have begun only after the appearance of symptoms of asphyxia. In healthy animals prevented from breathing, clonic convulsions begin in less than half a minute, and they are universal and very violent in about three quarters of a minute. General clonic convulsions are produced sooner, *i. e.*, in twenty to thirty seconds, rarely later in my epileptic animals, when they are absolutely deprived of respiration.

If universal clonic convulsions in epilepsy seem to be due only to asphyxia, the same thing cannot be said of local clonic convulsions, which frequently occur before there is a sufficient degree of asphyxia to produce them. For more than six years I have, almost every day, seen in my animals local clonic convulsions following a tonic spasm of the muscles of the face and neck, long before the time when a complete deprivation of breathing, had it existed, could have produced convulsions.

We may conclude—1st, that neither the general nor local tonic spasms, nor the local clonic convulsions of epilepsy depend upon asphyxia, and that therefore they are independent of laryngismus; 2d, that asphyxia in epilepsy does not usually depend upon laryngismus alone, but that it may result from many other causes, such as the spasmodic contraction of the muscles of expiration, or from alternate contractions and relaxations of all the muscles of the chest and diaphragm. Asphyxia is also partly due to the accumulation of black blood in the nervous centres, by the obstacle to the return of venous blood; and partly also because the energetic actions of the nervous centres and of the muscles cause a rapid consumption of oxygen, and charge the blood with carbonic acid. The experiments of Roupell (British Assoc., 1841; see *Am. Jour. of Med. Sciences*, January, 1842, p. 243) show conclusively the influence of carbonic acid in causing clonic convulsions, with foam at the mouth, &c., as in epilepsy.

Asphyxia is not only the cause of the most violent general clonic convulsions in a fit of epilepsy, but it is also the usual cause of the contractions of the bladder, of the bowels, of the uterus, and of the muscles which produce the erection of the penis and the ejaculation. We admit, however, that all these muscular contractions may be produced by the same cause to which are due the first tonic spasms, and that they exist sometimes when there is no considerable asphyxia, or before the beginning of asphyxia.

We do not pretend to give here an account of all the phenomena of epilepsy; we abstain from speaking of those which have been already well explained, such as relate to the tongue, and also to the coma so frequent after a very violent fit. We do not need to say that an immense variety of these phenomena may be observed in epileptics, and that this variety depends upon the part first excited in the nervous centres, and upon the degree of the reflex excitability and of the reflex force of these centres.

In the beginning of a fit of epilepsy, it sometimes happens that the heart's action is stopped more or less completely. This stoppage may be due to two essentially different causes: 1st, the heart being compressed by the spasmodic contraction of the chest, is mechanically rendered more or less completely unable to move, as may be the case even in a healthy man, according to the interesting experiments made by Ed. Weber (see *Müller's Archiv.*, 1851, p. 88) upon himself and upon other persons; 2d, a reflex action upon the bloodvessels of the heart may determine their contraction, and therefore stop at once the movements of this organ, in the same way that they are stopped sometimes by an emotion, by chloroform, by an irritation of the abdominal sympathetic or other nerves, &c. It is well known that the quantity of many secretions, or their quality, may be altered during a fit of epilepsy. These changes may be due to at least two distinct causes: 1st, there may be a reflex influence upon the various glands, or upon their bloodvessels,[*] as there is a reflex action upon the bloodvessels of the face, and very probably of the brain; 2d, asphyxia is certainly one of the causes of the changes in secretions during an epileptic seizure. (See my *Experimental Researches applied to Physiol. and Pathol.*, 1853, p. 113–114.) As regards *saliva*, Lehmann mentions that there is a great flow of it in horses which breathe for a few minutes atmospheric air containing ten per cent. of carbonic acid (*Physiol. Chemistry*, English translation, 1853, vol. ii., p. 177). In the experiments of Roupell, already quoted, there was much foam at the mouth in dogs, after injections of carbonic acid into their veins.

We must say a few words more to explain the relations of epilepsy with sleep, and with the loss of blood. It is well known that sleep is a very favorable condition for epileptic seizures; indeed, we may say that in many persons who are not, however, epileptic, sleep is a slight attack of epilepsy. The loss of consciousness, of course, exists, and convulsions in many muscles are very frequent. Whatever be the nature of sleep, it is quite certain that it is a state of sub-asphyxia, and in this respect also it resembles epilepsy. It is certain, also, that the circulation in the encephalon is modified in both epilepsy and sleep. But the kind of trouble in the encephalic circulation, in the beginning of an epileptic seizure, is not the same as that which takes place during sleep. In epilepsy, according to the theory we have proposed, there is at first a contraction of the bloodvessels of the brain proper, and it is only after a fit has existed a few seconds, or a little longer, that the spasm of these vessels ceasing, circulation of rather black blood takes place in them, as during sleep. We have said above that if the carotid arteries are compressed during a seizure of epilepsy, and if the fit is stopped by it, the reason of this influence is to be found in an increase of the pre-existing asphyxia. We find an interesting fact in harmony with this view, in a short paper by Prof. A. Fleming, of Cork, who states that sleep is easily produced in persons who are not epileptic, by the compression of the carotid arteries. (*British and Foreign Med.-Chir. Review*, April, 1855, p. 404, Am. ed.) The diminution in the supply of arterial blood produces the same effect as the obstacle to the return of venous blood, which obstacle is known to cause sleep. When the carotid arteries do not send blood to the brain proper, circulation is almost stopped in that part of the encephalon, and the absence of oxygen produces a sudden paralysis of the brain, and after a few seconds there is a state of slight asphyxia, marked by stertorous breathing. (Fleming.) If attacks of epilepsy take place more easily during sleep than during wakefulness, it seems that it is on account of the slight state of asphyxia existing during sleep.

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[*] A discussion of priority took place, some time ago, between Dr. H. F. Campbell, of Augusta, Ga., and Dr. Marshall Hall, concerning the discovery of the existence of *reflex* secretions. There is no doubt that Dr. Campbell, who published his first paper in May, 1850, has the priority over Dr. Hall, but these two able physicians seem not to know that many of the German writers had long ago gone very far in that field of the reflex secretions. As regards the normal reflex secretions, I will point out a short note which I published in 1849 (*Comptes Rendus de la Soc. de Biologie*, p. 104, July, 1849, and *Gazette Méd. de Paris*, 1849, p. 644), in which, besides the citation of many facts, I mentioned particularly the production of sweat by a reflex influence. As regards the pathological reflex secretions, I will direct the reader particularly to the various works of Henle, published in 1840, in 1841, and later. I will add, that the question is not now whether there are such things as reflex secretions, but whether, in the reflex secretions and in the reflex changes of nutrition, there is only an influence upon the muscular elements of the bloodvessels, or if there is some special electric or nervous influence. (See the treatises by Prof. Ludwig, by Prof. Donders, and by O. Funke; and the great work of Spiess, *Pathologishe Physiologie*, 1857.)

In cases of epilepsy, or, at least, of convulsions, due to a loss of blood, or to insufficiency in the quantity of this liquid, there is also, as a cause of the fits, a state of asphyxia, due to the fact that as there is less blood reaching the cranio-spinal cavity, the circulation is slower in the nervous centres, and the blood has time to become charged with carbonic acid and to become an excitant. Besides, it is certain that when there is not blood enough circulating in the nervous centres, their reflex excitability becomes increased at the same time that their *reflex force* diminishes. The asphyxia due to a diminution of blood seems to cause both the state of the nervous system favorable to the production of epileptic fits, and the excitation which determines them. In the same way, the asphyxia due to various causes during a fit of epilepsy prepares new fits for the future, and actually causes clonic convulsions.

4th. As regards the last question we have to examine, which relates to the *effects* of attacks of epilepsy, we will only say that they depend upon three circumstances: 1st, the absence or great diminution of circulation in the brain proper in the beginning of a fit of epilepsy; 2d, the circulation of black blood through the nervous centres; 3d, the pressure upon many parts of the base of the encephalon and of the spinal cord, by the accumulation of blood in their vessels.

In consequence of these causes, various disorders of the mind, of the senses, and of the vital properties of the nervous centres, are produced. We will not speak of these disorders here, and will merely refer the reader to the analysis given of most of them by Dr. Russell Reynolds, in his important researches on the inter-paroxysmal state of epilepsy. (See *Diagnosis of Diseases of the Brain, &c.*, 1855, p. 175, and the *London Lancet*, 1856.)

[To be continued.]

GUN-SHOT WOUND OF THE LEFT KIDNEY; URINARY FISTULA; CURE. NINE YEARS AFTERWARD, ALBUMINURIA; FATTY DEGENERATION OF BOTH KIDNEYS.

BY M. JULES LUYS.

[Translated for the Boston Med. and Surg. Journal from the *Gazette Médicale de Paris*, June 20th, 1857.]

THE patient was 28 years old. Nine years ago, he received a gun-shot wound in the left lumbar region. The ball passed out in the right sub-spinal region. The wounded man was immediately taken to the Hospital Saint Louis.

For twenty-four hours, urine flowed from the wound, and there was, at the same time, retention of urine. After catheterization, by which a large quantity of urine was drawn off, the latter resumed its usual course.

The actual cautery was applied to the fistulous passage, and the patient left the hospital cured, after a stay of about three months.

Nothing abnormal was remarked with regard to the functions of the genito-urinary organs, until the time of his entrance at La Pitié, under the care of M. Becquerel, with acute myelitis.

The urine, examined during the first two or three days after the patient's admission, contained neither albumen nor sugar.

Three weeks before the supervention of fatal symptoms, and which were those of acute tuberculization, the patient had intense fever, and, at the same time, general œdema appeared, most marked in the sub-cutaneous cellular tissue of the face, wrists, and thighs.

On examination at this time, the urine showed abundant albumen.

During M. Luys's observation of the case, also, a large amount of albumen was found, at each of six several trials.

Autopsy.—In the middle of the cicatrix of the wound in the lumbar region, there were evident traces of an old fracture of the tenth rib. A mass of very hard, fibrous tissue united the rib and the inner portion of the cicatrix. Another lump of fibrous material, going off from the inner surface of the rib, very hard, of cylindrical shape, and about as large around as the little finger, was prolonged to the front surface of the kidney, and then penetrated the substance of that organ.

The left kidney, in fact, was shrivelled; through its long diameter it hardly measured four inches; its lower third was encroached upon by a fibrous growth from the cicatrix, and which was in direct continuity with the similar growth given off from the inner surface of the tenth rib. Fibrous radii, shooting toward the lower third of the kidney, formed thick ridges which rendered its surface uneven and knobbed. Its pelvis was likewise invaded by the fibrous and shrunken material. Notwithstanding, the urinary passages above this point were permeable.

The right kidney was very much enlarged, measuring seven inches through its longest diameter.

The tissue of *both* kidneys presented a softness and color wholly peculiar. A whitish-yellow hue pervaded the entire thickness of the cortical substance, and also showed itself in the intervals between the Malpighian pyramids.

By the microscope, it was ascertained, *first*, that the walls of the tubuli were infiltrated with fatty granulations in great abundance, and which also formed, here and there, layers of various thickness upon the tubular parietes.

Secondly, it was seen that certain of the tubuli were straight, and that they still retained the cells which normally line their walls; others were deprived of these cells, which were found floating about, isolated, and completely covered with fatty granulations. Others still were much larger, being distended by an amorphous material of granulo-fatty nature, and which filled their entire cavities, giving them an intestiniform appearance. The epithelial desquamation was particularly remarked in these large tubuli.

Thirdly, the glomeruli were also enlarged. They were surrounded by fatty granulations, which formed, as it were, a species of atmosphere for the glomeruli. Others did not present this sort of change; they were simply red, from the stasis of the blood in the capillaries.

Fourthly, all the inter-tubular spaces were infiltrated by an exudation composed of grayish and yellow molecular granulations. This exudation-matter appeared to be of the same nature as that which distended the tubuli. This substance was pressed out readily, by passing the back of a scalpel over a section of the kidney while fresh."

Woman with four Mammæ.—Margaret Talway, native of Indiana, has lived in Louisiana about four months; lived in Mississippi eight years; aged about 40 years. Was married at 15. Had her first child about fourteen months thereafter. Has had seven children. She has four nipples, the two extras being situated about two inches immediately below the normal one of each side. She has been accustomed to suckle from three of these nipples. All of them furnished milk equally well, but the extra one of the right side was always too small. The nipples seem to spring from extra mammary glands. She is now in the advanced stage of consumption.—*New Orleans Hospital Gazette.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Sept. 28th.—*Disease of the Eye, probably Cancerous.* Dr. **Williams** exhibited a disorganized eyeball, removed from a boy six years of age. The only history he could obtain of the case was, that the parents had noticed a dull appearance of the eye and loss of vision two years previous to the operation, but no pain or inflammation had occurred till within four weeks. Since this time he had suffered severe attacks of pain, with, at times, redness and swelling of the conjunctiva. These severe symptoms had subsided on the appearance of a protruding ridge on the lower and inner portion of the cornea, and involving the adjacent sclerotica. This seems to have been formed by a giving way of these structures.

At the time of operation (September 24th), there was little redness of the tissues, and the slightly enlarged globe, though very hard, was not painful and was perfectly movable in the socket. The slow progress the disease had manifested, with the absence of implication of other tissues of the orbit, seemed to render an operation proper, as there might be a chance that the disorganization was of a strumous rather than a malignant character.

The globe only was removed, and the muscles, together with the cellular tissue of the orbit, left *in situ*. The wound healed at once, almost without suppuration.

The disease was found not to extend outside the globe. On being divided, the organ was found filled with cheesy-looking masses, separated by portions of substance of gelatinous appearance.

Microscopic examination was made by Dr. Ellis, who found the masses composed of cells of suspicious aspect, intermixed with coarse fibrous organization.

Sept. 28th.—*Fungoid Disease (Villous Cancer) of the Bladder; Echinococci in the Lung.* Case reported by Dr. **Gay**.

D. R., married, æt. 71, was in the enjoyment of good health up to last February. About that time he was obliged to pass his water oftener than usual during the day. In a short time, the same thing happened in the night. The quantity passed at any one time was small. The amount in twenty-four hours was somewhat beyond the average. There was no material change till the last of May, when there was an occasional pain in the glans penis and right testicle, but not enough to cause much inconvenience. In June these last symptoms increased, with a bearing-down sensation in the perinæum. He was now obliged to pass his water oftener in the night. As the remedial measures had given no decided relief, and as a brick-dust sediment had been noticed in the vessel for the last few days, a catheter was introduced, easily and without any pain or obstruction, into the bladder. Nothing was detected at this examination, nothing like a calculus, no sign of an enlarged prostate, nor any symptom of an inflamed or irritable bladder. By the rectum, the prostate felt smaller than natural. The bladder beyond was soft, yielding and not distended. Pressure gave no pain nor feeling of soreness. There was no symptom in the region of the kidney from percussion, or from his statements, to localize the disease at that point. Everything seemed to proceed from the bladder. The diagnosis was obscure. In July, for the first time, he noticed some coagula in his water. A few days afterward, in attempting to pass his water early in the morning, nothing would come. This was the first time that his water had not passed easily and freely. By straining a few moments a coagulum was forced out of the penis, and then about a pint of pretty clear water came away. From this time, up to his death, blood was constantly passed and in increasing quantity, except during a period of three or four days while he was at the sea-shore, when the water was entirely free from blood. Sometimes a teacupful of coagula would be passed in the night, without any water following; at other times the blood would be liquid and well mixed with water. During all this time, there was no pain nor tenderness in the region of the bladder. A rectal examination, a few days previous to death, did not disclose any symptom to aid the diagnosis, *except by exclusion*. He walked out daily till two weeks ago, when a more copious hæmorrhage than he had had before, amounting to about two thirds of a pint, reduced him so much that he was obliged to keep his bed. Of late, from the absence of other symptoms, and from the particular and increasing prominence of the blood, the diagnosis rested, by exclusion, upon a malignant disease. While in bed, he said he had an uncomfortable sensation about his hip, as if it was rheumatism. He gradually failed, from the continued loss of blood. Two days before death, he complained, for the *first time*, of pain and soreness about the left kidney. The next day he made an attempt to empty his bladder. Nothing came but a pint or more of fresh blood. He fainted and was convulsed. From that time he sank more rapidly, and died early the next morning.

Sectio Cadaveris, by Dr. Ellis. The body was much emaciated, and the tissues generally pale.

The bladder contained much dark coagulated blood. Attached by a broad pedicle to the posterior wall, just behind the vesical trigon, was a round, soft, vascular, encephaloid growth, an inch and a half in diameter. The upper surface was covered with a thin calcareous matter. On placing it in water, flocculi or villosities became visible. On microscopic examination, there were found large irregular cells of various shapes, some of them containing large nuclei with large nucleoli. The nuclei of many resembled those of epithelium. Villi were not noticed under the microscope by Dr. Ellis, but they were found by Dr. Shaw. Many bloodvessels were seen. The muscular coat was somewhat hypertrophied. A few small nodules, probably growths from the prostate, surrounded the opening of the urethra.

Both ureters were dilated, particularly the left.

The pelvis and infundibula of the left kidney were dilated. A little blood adhered to the limited portion of the lining membrane of several of the infundibula. The membrane here and there was opaque, yellow or reddish. In the substance of the kidney was a cyst half an inch in diameter, resembling those commonly found in the organ. The right kidney was healthy.

At the apex of the left lung was a layer of white, dense, fibrous tissue, about an inch in diameter, and between one and two lines in thickness. The surface in the immediate neighborhood was rendered opaque by thin patches of the same. Beneath the dense white substance was a layer of pulmonary tissue, of about the same thickness, and within this a cavity upwards of half an inch in diameter, filled with serum and lined by a thin bluish-white membrane, which was everywhere studded with yellowish-white points. Most of the serous fluid was lost. That which remained was of a yellowish color, and contained a large number of echinococci, detached hooks and a few concentric corpuscles. The lining membrane itself was covered with the same parasites. It presented the usual striated appearance. The remainder of this and the other lung were perfectly healthy.

Nothing remarkable was noticed in the other organs.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

BY J. N. BORLAND, M.D., SECRETARY.

Case of Cephalic Disease.—Dr. **Bowditch** reported the case of a patient whom he found in the Hospital on taking charge of the wards, and who presented symptoms of severe cephalic disease, supposed by him to be a tumor at the base of the brain, which pressed upon the optic and olfactory nerves. When he first took charge of her, she had from four to ten paroxysms daily of intense pain at the vertex. Her functions were generally well performed, except for some incontinence of urine, and slightly diminished sensibility on one side of the body. Her hearing and mental powers were perfect.

This condition of things had lasted for about twelve months, coming on after labor. At her confinement she had hæmorrhage, which continued for several weeks, ceasing only upon having recourse to medical aid. She has never been well since. Having never been put upon a mercurial course, Dr. Bowditch suspecting that there might be inflammation about the tumor at the base, administered mercury. So soon as its peculiar effects were manifested, the paroxysms of pain ceased, there being no recurrence till two days ago, about a month having elapsed. Another physician, who was making the visit with him, afterward suggested uterine disease as the cause of the trouble. This had not been before thought of, but the early history of the case seemed to indicate that such disease might possibly exist. Digital examination revealed a vagina filled with pus, an enlarged uterus with dilated os, admitting the uterine sound for three and a half inches, with ulceration surrounding the os for a quarter of an inch. Solid nitrate of silver was applied, and followed by laudanum injections, without causing much suffering; but during the examination she had one of the old paroxysms of pain at the vertex.

Dr. Bowditch asked the Society whether they considered the cephalic disturbance due to uterine disease, or to a tumor at the base of the brain.

Dr. C. D. **Homans**, who had seen the patient before she entered the Hospital, stated that at her confinement she was attended by a midwife, and was not seen by a physician until two months afterward.

Dr. **Williams** asked Dr. Bowditch what he thought was the exact state of the first and second pairs of nerves; to which he replied, that it was difficult to say, but that he could not abandon the idea of there being organic disease of the brain. There was no approach to hysteria in the case.

Dr. H. R. **Storer** mentioned having under his charge two cases of severe cephalic disease, one of which was combined with amenorrhœa, the other with constipation. He should not think Dr. Bowditch's case could be the result of ulceration of the os.

Purpura Hæmorrhagica in Children.—Dr. Hodges reported a case of purpura hæmorrhagica, occurring in a child four months old. It was weaned at a very early age, because of the mother's milk disagreeing with it. From that time it has existed on farinaceous diet. A week ago, he was called to it because of its debility. Two days afterward there was an effusion of blood in one thigh (looking as if it was into and between the muscles), which, from the knee to the hip, was hot, red, and swollen. As there was no blow or external cause to account for this condition, although there were no other spots to indicate it, he supposed it to be purpura. The next morning, the child appeared to be about the same; but in the afternoon he was suddenly called to it in a fit, and he then saw three or four spots of purpura in the scalp. The urine had become slightly bloody, looking, as he saw it collected and dried on a cloth, like ordinary high-colored urine. One hour and a half afterward, the child died, it being about forty-eight hours after the discoloration of the thigh was first seen. Dr. Hodges asked if this was not a very rare disease in children. He remembered a case in an adult, where more than one half of the entire surface of the body was discolored in large patches.

Dr. Buckingham said that he had had a child under his care since its birth in July last (six months). It was a seven months' child, and has never nursed. Every week or two fresh spots of purpura appear, although not so large as those described by Dr. Hodges. It has frequent hæmorrhages from its eyes, nose, and ears.

Hæmoptysis.—Dr. Bowditch spoke of several cases of hæmoptysis, which had been put on various sorts of treatment; cod-liver oil, wintering at the South, &c., were recommended. A more thorough examination showed blood merely to come from follicles at the root of the tongue, and in the throat, and the trouble was much alleviated by simple application of nitrate of silver.

Dr. Coolidge advised, in cases where there was doubt as to the source whence the blood was derived in hæmoptysis, to make a microscopical examination of the sputa, as the particular form of the epithelium cell might point out the locality of the trouble.

Scarlatina following upon Phlegmonous Erysipelas.—Dr. Cabot reported a case of scarlatina following upon phlegmonous erysipelas. A young man entered the Mass. General Hospital for what was supposed to be an inflamed bursa above the knee. It proved to be phlegmonous erysipelas. Numerous openings were made, to allow the free escape of the pus, which was copious. Soon afterward, febrile symptoms appeared, and the scarlet rash showed itself: and the previously purulent discharge now became serous. Since the desquamation it has again become purulent, but very fœtid, and there is a well-marked blush of the skin around the openings, which seemed to mark out the underlying cavity of an abscess large enough to allow the point of a probe, at full length, to sweep around its circumference. Probably extensive sloughing of this blush-marked skin will follow.

Pleurisy.—Dr. Bowditch reported the case of a man who entered the Massachusetts General Hospital in January, 1855, presenting the common signs of pleurisy of the left chest. The disease came on rapidly and became obstinately chronic; the usual medicines were of no efficiency in promoting absorption, and the blisters which he applied were the largest he ever put on a patient. Dr. B. tapped his chest three or four times. After each time the fluid returned, and once it was bloody. Finally he was discharged, at his earnest request, to resume his occupation as a mechanic, although his chest was two-thirds full of fluid.

Dr. Bowditch has kept sight of the man since, and occasionally examined his chest. Each time the fluid was found to be decreasing in amount, although there was still dyspnœa on exertion. To-day he again examined him, and found no fluid in the chest, but impaired expansion. The heart, which was thrust over to the right side, has returned to its natural position. He has no cough, and the amount of dyspnœa is much less. There is slight dulness on percussion of the left side, and no marked contraction.

Dr. R. **Ware** asked Dr. Bowditch if it was not in opposition to his general experience, that pleuritic patients recovered after the appearance of bloody serum. Dr. B. replied that in this case he had looked forward with dread to its termination, when he saw the blood.

In answer to Dr. **Ellis**, Dr. B. said the blood looked as if it might possibly have come from a vessel wounded at a previous operation. He always looked upon bloody serum as a very unfavorable symptom in paracentesis thoracis, and he asked the surgeons present if it was not so considered in paracentesis abdominis. He said that he had been told by an experienced surgeon, in a case which they saw together, that he did not think much of it in tapping the abdomen, as he had so often met with it.

Dr. Ellis thought it was remarkable that the gentleman referred to had so often met with bloody serum in the abdomen, during the life of the patient, while it was so rarely met with at the autopsy.

Dr. **Buckingham** referred to an operation for ovariotomy, in which there was bloody serum in the abdomen. There was some inflammation over the cyst, and before the operation a peculiar creaking feeling was felt on rubbing the abdominal walls over it. He remembered no particular gush of serum immediately on the incision. Blood was poured out so rapidly that there was long search in the stump for the wounded vessel, and very active sponging. The wound was left open for half an hour or more. In this case the patient recovered easily and well, and has since died of another disease.

Case of Mal-practice.—Dr. **Page** related a case which came under his care, that presented a glaring example of mal-practice. The patient, eighteen months previously, had mumps, and put himself under the care of a quack. Two months afterward, metastasis to the right testicle took place, whereupon the quack amputated it, and some time afterward he repeated the operation on the left testicle, which also had become inflamed and enlarged. Shortly afterward, an abscess formed in the neighborhood of the right knee, whereupon the quack, under pretence of examining it, and without permission, lanced it, and in so doing severed a branch of the anastomotica and applied a slippery-elm poultice. At this stage of treatment, Dr. Page was called to see the patient—to stop the hæmorrhage, which he found to be of a venous and arterial nature combined.

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PRECOCIOUS CHILDREN; OVER-STUDY.

As long ago as we can remember, the sayings "too good to live long," or "too good for this world," were frequently in the mouths of the observant and the non-observant. The former had a reason for such remarks; the latter, by far the most numerous class, repeated the phrases, somewhat parrot-like, without referring the fact to its originating cause.

Looking upon the *mass* of human beings, there seems ample evidence that "whom the gods love, die young," from the paucity of excellent people; and the ratio, from year to year, not only seems to hold its own, but rather tends to increase in the wrong direction.

It becomes a serious question, however, whether the balance might not be favorably turned; and whether many of the very good, super-intelligent boys and girls of every land might not be spared to grow up and bless the community, instead of enriching the soil prematurely with their mortal remains. We may reasonably believe that a large portion of these excellently-gifted children were *intended*, by Providence, to stay with their fellow-beings the average time of human life. *Why*, then, do so many of them vanish so soon, and have parents and guardians any hand in the extradition? The truthful answers to these questions, and the whole subject, are of immense importance, actually and prospectively. We hear a great deal now-a-days about the deterioration of the race on this side of the Atlanic Ocean; and, we must confess, not without occasion. Whilst we do not believe that we shall, for some time at least, dwindle into dwarfs, or be exterminated by wild animals, we are very sure that the most serious faults in the training of the young exist amongst us. These evils are more evident, and naturally so, in our large cities, where the habits and nurture of the child from its cradle are hardly in any instance those which would lead to hardihood of the body or the *best* development of the mind. The ways, too, into which our boys and girls fall, here, are anything rather than such as result in strengthening the muscles and developing the frame of the western trapper, the New England farmer, or their rosy, vigorous and buxom wives and daughters. What, for example, can be more contrary to the fulness of physical and mental development than the confined, in-door, muscle-softening life of the dry-goods clerk and salesman? So with many other similarly sedentary, at least emprisoned, youth; the employments they have adopted or have had forced upon them, by necessity or the will of their relatives, would be far more properly allotted to others, and especially to women.

Another popular error, still too common, is that a delicate, susceptible boy must be shut up with books, and wrapped in luxurious indulgence, rather than kept in the open air and furnished with every inducement to invigorating exertion. Now, if men *must* be devoted to in-door occupation for the most of their time, let those who are strong enough to bear it be chosen, rather than the delicate.

One of the most disastrous delusions is that which has impelled so many doting parents to incite the child of highly intellectual and nervous organization to extra exertions in study, for the sake of rivalling all competition and looking back from an immeasurable distance upon his more lethargic, but far more healthily constructed companions. What a melancholy sight is what is termed "a youthful prodigy"! *Prodigy*, indeed—yes, a prodigy of diseased action, over-worked mental powers, whose beautiful but evanescent gleams, like those of a furnace under the forced bellows' blast, sink too soon into blackness of darkness, forever.

Strange, that parents, with such numerous examples yearly—nay, almost daily—before them, of the extinction of bright hopes and the curtailment of incipient life, should not take warning! The hot-house system of education, even with hearty, robust children and youth, is always a bad one. While it nearly always kills the plant after fostering for a while an exuberant growth and bringing out a crop of sickly though showy flowers, the *fruit* extorted from the tortured victim is insipid, of unpleasant odor, and nearly always rotten at the heart. Are not *school-hours*, both in public and private institutions, full lengthy enough, if not too protracted? Why then urge the weary mind, and cramp the unwilling body, *out* of those hours? The natural place for boys and girls, when released from school, is out-of-doors at play—*let them have all possible liberty in this.*

We lately saw, in one of our daily papers, a short, but pithy paragraph relating to this very subject. We now regret not using our scissors upon it, and transferring it to our pages; but the last sentence struck us with a *very painful* sense of the ludicrous. The writer averred, that if physical training, and the facilities for making the young of both sexes strong and well, were not more attended to as a prime element of education, we should bye and bye be obliged to have our children *carried* to their school-houses, and there supported by an assistant on each side, that they might be *held up to recite!*

We have seen "*prodigies*," before now, nearly reduced to this lamentable condition. They resembled, in their anatomy, the "jumping-jacks" which are given to *un*intellectual children to play with—only the *jump* was all out of them. Their gait was slow, their aspect pensive, their faces pale, their eyes large, with the conjunctivæ very pearly white, their knee-joints, apparently, were tied together (like the jacks') with twine, and were very loose; in walking, or rather shuffling, they bent the aforesaid joints at an uncomfortable obtuse angle, and their breathing was very short, especially when mounting an ascent. They had a horror of *balls;* and as for *bats*, they knew of them only as the uncouth creature that flies in and out of barns o' nights. Yet these flimsy beings that the north wind blows through and the hail knocks down, can reel you off the most astonishing amount of geographical, arithmetical and sometimes even of algebraic information. They can recite reams of poetic and prose composition, and often "do" a deal of it themselves; and their reputed parents (we have sometimes thought the tiny creatures sprites from some other sphere) keep them at it, day and night, it is so wonderful—so delightful—the "progress our Johnny makes—he's *so* bright, you know"! *Progress*, indeed—*bright!* yes, more so than the mature children who thus manage their offspring.

We are for looking leniently upon the "careless boy," the one who "can't be made to learn," who has the natural "dread of books and love of fun" which early years *should* be allowed, as a prerogative of Nature's own choosing. Let those who restrain it beware of the measure of their restrictions.

We append, from the *New York Observer*, a few lines that have a world of meaning; may they, and even our own, be pondered:

> "We like mischievous children, and for this reason—they are apt to make old men. Good boys often die in their fifth year; not because they are good, but their quiet habits make them strangers to mud puddles, oxygen, dirt pies, and out-door exercise. When a friend tells us he has a little boy who 'never wants to leave his books,' the knob of his front door immediately becomes an object of intense interest to us; we know, as if we were blessed with fore-knowledge, that in less than a year a strip of black crape will be throwing a shade across his path that time will never eradicate."

We have an impression that these sentiments are from the pen of Rev. Henry Ward Beecher; if so, they do him more credit than many other things he has written.

EFFECTS OF HOT-AIR FURNACES.

Among the conditions most unfavorable to health and longevity, is the want of an abundant supply of pure air. Public sanitary operations consist chiefly in the cleansing of streets and the introduction of effectual drainage. The importance of neither of these can be easily overrated, and yet, while every effort is being made to cut off all sources of impurity from without, we are apt to forget that we ourselves are contaminating the atmosphere around us with every breath we draw, and that unless means are taken to provide for a constant renewal of pure air, our health must suffer in proportion. The neglect of this important means of preserving health is doubtless one cause why the standard of vigor is lower in this country than in Europe, especially in females. The extremes of heat and cold render exercise in the open air difficult for a considerable portion of the year, especially to those who are not strong, while the construction of our houses and the modes of warming them tend to prevent a free circulation of air within doors. We regard the furnaces so generally in use among us as the cause of much ill health. In most families, for economy's sake, no open fire-places are used, and no means are provided for the discharge of air contaminated by breathing. The conducting power of the air being small, it must be heated to a high temperature before it supplies the requisite warmth, and being necessarily much rarified, it furnishes an inadequate amount of oxygen to the lungs with each inspiration. The tendency of the heated air to ascend causes an increased temperature in the upper part of the room, and a diminished one near the floor. Hence the flushings of the cheeks, headache, drowsiness and coldness of the feet, so commonly observed while remaining in a furnace-heated room without sufficient ventilation.

A room may be comfortably warmed by means of an open fire, at a much lower temperature than by a furnace, because the objects in it are exposed to the direct radiation from the fire. Hence such an apartment is much more agreeable than where the warmth is derived from hot air. The only advantage obtained by the furnace is economy of fuel; and where this is of paramount importance, some ventilation may be obtained by a very small fire in a fire-place, or at least the fire-place may be left open to allow of a slight circulation of air, instead of being closed up, as is too often the case.

We have noticed that coughs and colds were much more common in families after they had given up fire-places and adopted furnaces. This is doubtless owing to the tenderness which the system acquires, after being subjected to the great heat of a furnace. Females, in particular, are especially subjected to the evils of over-heated and ill-ventilated rooms, on account of their sedentary habits. There is room for great reform, both in the mode of warming our houses and in our habits of exercise.

STRYCHNIA IN WHISKEY.

The following note from Dr. Dana, of Lawrence, in this State, is in reply to queries by a correspondent in a late number of the Journal.

"I notice in your Journal of October 1st, 'that a statement had been going the rounds of the newspaper press, to the effect that the physician of the Almshouse at Lawrence finds delirium tremens more fatal than formerly, in consequence of the *strychnia* used in the manufacture of whiskey.'

"I cannot vouch for what the physician of that institution might have said; but I can state that there has been but one case of this disease in the Almshouse for nearly four years, and the patient died before whiskey had become so popular. At the Jail and House of Correction in Lawrence, I have had the medical care since they were opened, just three years ago. There we have delirium tremens frequently, one person having died from the disease during the three years. The idea never entered my head that the poor unfortunate drunkards, coming as they do from the lowest and most degraded class of human beings, should have become so fashionable as to drink whiskey; and I cannot but think that the statement in the newspapers above referred to, is false, and without the slightest foundation as regards the city of Lawrence."

IODIDE OF POTASSIUM IN ASTHMA.

The attention of our readers has frequently been called to the beneficial effects of the iodide of potassium in asthma; we insert the following as confirming the results hitherto obtained in this respect.

"Messrs. Editors,—A year since, I called the attention of your readers to the efficacy of iodide of potassium in asthma. In looking over some old numbers of *Braithwaite's Retrospect*, in No 12, for the year 1847, I find an article from Dr. Casey, in which he speaks in equally laudatory terms of the unequivocal and decided relief obtained from exhibiting the same medicine: and what struck me as singular, the article first appeared in your Journal also. I have tried the iodide in a number of cases, without having been disappointed in its effects in a single instance.

"There is a patent medicine manufactured in your city, and sold wholesale and retail by a druggist in Tremont Street, which has obtained a reputation as a specific for asthma. I recently purchased a bottle in order to analyze it. I found iodide of potassium to be one of its chief ingredients. I mention these circumstances as corroborating evidences of the efficacy of this medicine in a disease which has heretofore been intractable. Yours truly, C. S. S."

"*Sag Harbor, Long Island, October*, 1857.

Ducktown Copper Mines.—During the last month, says the *Southern* (*Tenn.*) *Jour. of Med. and Physical Sciences*, we had the pleasure of making a visit to these famous copper mines. The object of our visit was to explore certain property in what is called Fighting Town, and the result of our examination is contained in a report which we have submitted to those under whose instruction the survey was made.

At Ducktown we were struck with the devastation which is being made upon the vegetation of the entire district. It arises from the noxious fumes which are sent forth from the four smelting furnaces at present in operation, and if some remedy is not soon applied they will prove so destructive that the whole country will look like a waste. This might be effected by passing the smoke through condensing chambers, so as to free it from its poisonous qualities. As soon as we got within the atmosphere of the place, we felt an oppression on our lungs similar to that caused by inhaling the fumes of an ill-ventilated laboratory. There was noticed a great scarcity of game of all kinds.

At the time of our visit typhoid fever was prevailing fatally among the operatives and their families, and though attributed to the free use of beef—bacon being scarce—yet we could not refrain from the belief that the fumes of the furnaces had something to do with it. It is worthy of investigation, and if true the remedy should by all means be at once applied.

Health of the City.—There is a very close correspondence between the deaths for the last week and those during the same period in 1856. Thus, we have a total for the week just passed of 96, against 93 in 1856. Consumption furnished 19 deaths last year for the weekly record, to 18 the present. Cholera infantum, however, shows an aggregate, this season, more than double what it was for the same time in 1856, being 10 to 4. Dysentery counts 5 now to 6 then. Pneumonia 6 now to 4 then. Scarlet fever 4 in 1856, 5 in 1857.

The prevalence of influenza, or something closely resembling it, has been remarked amongst us of late. The very open weather, with the customary marked autumnal alternations of temperature at morning, noon and night, render "taking cold" an easy matter.

Communications Received.—Cases read before the Providence Medical Association.—Recovery of Drowned Persons.

Books and Pamphlets received.—General Therapeutics and Materia Medica, &c., by Robley Dunglison, M.D., LL D., &c. Sixth Edition, revised and improved. (From Blanchard & Lea.)—Lectures on the Diseases of Women, by Charles West, M D. Part I. Diseases of the Uterus (From Blanchard & Lea.)—Practice of Surgery, by James Miller, F.R.S.E., &c. Fourth American Edition (From Blanchard & Lea.)—An Address delivered before the Medical Society of the State of Vermont, October 22, 1856, by Joseph Perkins, M.D.

MARRIED,—In West Randolph, Vt., Oct. 5th, Carleton P. Frost, M.D., of St. Johnsbury, Vt., to Miss Eliza A. Du Bois, of West Randolph.

Deaths in Boston for the week ending Saturday noon, October 10th, 96. Males, 52—Females, 44.—Accident, 2—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 18—convulsions, 2—cholera infantum, 10—croup, 1—dysentery, 5—diarrhœa, 1—dropsy, 2—dropsy in the head, 5—infantile diseases, 7—typhoid fever, 3—scarlet fever, 5—homicide, 1—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 6—disease of the liver, 1—marasmus, 3—old age, 2—rheumatism, 1—suicide, 1—teething, 5—thrush, 2—ulceration of the intestines, 1—whooping cough, 4.

Under 5 years, 50—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 64—Ireland, 27—other places, 5.

The Solvent Property of Glycerine.—We make the following extracts from a communication addressed to the editor of the London Lancet, by A. F. Haselden, and published in the number of that work for August 15th.

"The especial property which glycerine possesses of dissolving the disulphate of quinine would alone be sufficient to render it an object of interest, but it is equally powerful with many other substances. It readily dissolves the disulphate of quinine in the proportion of two grains to the fluid drachm, forming at first an opaque fluid, which in the course of a few hours becomes a clear bright solution, possessing the peculiar pale blue, superficial tint peculiar to the solutions of that substance, and this without the aid of heat or any acid. This solution is miscible with waters and tinctures in various proportions, and it appears a great advantage to possess a clear, bright, elegant, and by no means disagreeable solution of the disulphate of quinine, without the addition of acid. Gallic acid, which requires one hundred parts of cold water for its solution, is soluble in rather less than twelve parts of glycerine, making a clear, straw-colored liquid, of a pleasant, sweetish, sub-acid taste, in this state offering a desirable mode of administering the gallic acid where the pills might be objectionable, and a large quantity of fluid impracticable.

"Tannic acid is also freely soluble in this substance, and as an external astringent application might prove preferable in many instances to an oily or greasy compound. In the treatment of hæmorrhoidal affections, it may possibly offer, as an application combined with opium or the salts of morphia, some advantage over the reigning preparation—unguentum gallæ compositum, it being more tenacious and at the same time lubricating, and when combined with the salts of morphia, in place of opium, it possesses the decided advantage of not staining the linen.

"The hydrochlorate and acetate of morphia are readily soluble in glycerine, making a clear, limpid solution of a slightly yellow tinge, forming, as it were, a kind of syrup, which might possibly prove in many ways useful in the hands of the profession.

"Glycerine also dissolves the ferri et quinæ citras, in the proportion of five grains to the drachm, forming an olive-yellow-colored liquid peculiar to the solutions of that salt.

"There are other substances which glycerine eminently possesses the property of dissolving in a larger proportion than any other known fluid, but sufficient has been said to introduce the subject to your readers."

Bromide of Potassium in Hysterical Epilepsy.—Sir Charles Locock has been very successful with the employment of the bromide of potassium in a form of epilepsy to which special notice has not yet been drawn. It is confined to women, and the paroxysms only occur (except in cases of great mental excitement) at the menstrual period. In these cases, as well as in many hysterical cases unconnected with epilepsy, attended with a great deal of sexual excitement and disturbance, and with various distressing symptoms difficult to manage, he found that from five to ten grains of the salt, three times a day, had the happiest effects.—*Med. Times and Gazette.*

"*Hay Fever.*"—We have no faith in any specific for this very annoying and obstinate affection; but we find that a correspondent of the London Lancet, Dr. Silas Palmer, strongly recommends the inhalation of the fœtid spirit of ammonia, as being followed by marked results in all cases in which he has advised its trial. He has also prescribed the fœtid spirit of ammonia and sumbul combined, with advantage.

Suicide of a Physician.—On Tuesday morning, 6th inst., Dr. Wm. C. Williams, residing near Manchester Centre, Conn., committed suicide by hanging himself. Anxiety in regard to his pecuniary affairs is said to have induced the act. Dr. Williams was a native of Lebanon, about sixty-five years of age. He leaves a wife and five or six grown-up children.

Appointment.—Dr. A. W. Thompson, of Northampton, has been appointed by the Trustees of the State Lunatic Hospital at Northampton, Assistant Superintendent of that institution. Dr. Thompson is an Alumnus of Harvard University and of the Boston Medical School.